

Please complete this application, print, and mail it.

Fill in your name and address.

-Optional-

Check the box of the election for which you would like an absentee ballot.

- Box A - If you are permanently and totally disabled you may receive a ballot for every election in the remainder of the calendar year. You must reapply for permanently and totally disabled status each year.
- Box B – If you are not disabled but still would like to vote absentee only in the general elections. Each general election you will receive an absentee application. This will continue until you specify otherwise.

Enter a mailing address (if different) to which the ballot will be mailed.

Sign your Name

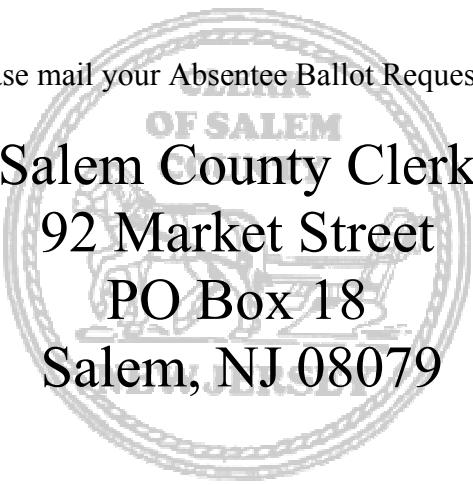
We can not accept unsigned applications

If you can not sign your name you must make a mark. This mark must be witnessed by someone and that person must sign that they witnessed said mark.

Please note: Power of Attorney does not extend to absentee applications.

If someone provides assistance they must fill out the lower portion and sign.

Please mail your Absentee Ballot Request to:


OF SALEM
Salem County Clerk
92 Market Street
PO Box 18
Salem, NJ 08079

